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| APPLICATION NO.                  | FILING DATE              | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|----------------------------------|--------------------------|----------------------|---------------------|------------------|
| 10/692,453                       | 10/23/2003               | Craig Beilinson      | MS1-1752US          | 8032             |
| 22801<br>LEE & HAYES             | 7590 03/04/200<br>S PLLC | EXAMINER             |                     |                  |
| 421 W RIVERSIDE AVENUE SUITE 500 |                          |                      | RIES, LAURIE ANNE   |                  |
| SPOKANE, WA 99201                |                          |                      | ART UNIT            | PAPER NUMBER     |
|                                  |                          |                      | 2176                |                  |
|                                  |                          |                      |                     |                  |
|                                  |                          |                      | MAIL DATE           | DELIVERY MODE    |
|                                  |                          |                      | 03/04/2008          | PAPER            |

Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

|   | Application No.  | Applicant(s)                                   |                                |  |  |
|---|--|--|--------------------------------|--|--|
| Interview Summary   | 10/692,453   | BEILINSON ET                                   | AL.                            |  |  |
| interview Summary   | Examiner   | Art Unit                                       |                                |  |  |
|   | LAURIE RIES  | 2176   |                                |  |  |
| All participants (applicant, applicant's representative, PTO  | personnel):  |  |                                |  |  |
| (1) <u>Laurie Ries, Examiner</u> .  | (3)  |  |                                |  |  |
| (2) <u>David Sakata, Applicant's Representative</u> .   | (4)  |  |                                |  |  |
| Date of Interview: 25 February 2008.  |  |  |                                |  |  |
| Type: a)⊠ Telephonic b)⊡ Video Conference c)⊡ Personal [copy given to: 1)⊡ applicant 2  | 2)∏ applicant's representative   | ·]   |                                |  |  |
| Exhibit shown or demonstration conducted: d) Yes If Yes, brief description:   | e)⊠ No.  |  |                                |  |  |
| Claim(s) discussed: <u>1, 14, 24, 34, 42, and 51</u> .  |  |  |                                |  |  |
| Identification of prior art discussed: Wilins, Carau.   |  |  |                                |  |  |
| Agreement with respect to the claims f) was reached. g  | )⊠ was not reached. h)□ N  | I/A.   |                                |  |  |
| Substance of Interview including description of the general nature of what was agreed to if an agreement was reached, or any other comments: <u>Discussed the prior art in relation to the claimed limitations</u> . <u>The Examiner will review the art of record and conduct a further search once an official reply is submitted</u> . |  |  |                                |  |  |
| (A fuller description, if necessary, and a copy of the amend allowable, if available, must be attached. Also, where no callowable is available, a summary thereof must be attached  | opy of the amendments that w   |  |                                |  |  |
| THE FORMAL WRITTEN REPLY TO THE LAST OFFICE A INTERVIEW. (See MPEP Section 713.04). If a reply to the GIVEN A NON-EXTENDABLE PERIOD OF THE LONGER INTERVIEW DATE, OR THE MAILING DATE OF THIS INTEL A STATEMENT OF THE SUBSTANCE OF THE INTEL requirements on reverse side or on attached sheet.  | last Office action has already<br>OF ONE MONTH OR THIRTY<br>ERVIEW SUMMARY FORM, V | been filed, APP<br>OAYS FROM T<br>WHICHEVER IS | LICANT IS<br>THIS<br>LATER, TO |  |  |
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|   |  |  |                                |  |  |
|   | /Laurie Ries/  |  |                                |  |  |
| Examiner Note: You must sign this form unless it is an  | Examiner's signature, if requi   | red  |                                |  |  |